

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Mont</i>		5/31/01
O.I.P.E. CLASSIFIER		10	6-11-01
FORMALITY REVIEW	<i>NR</i>	52 569	7/26/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	
1	✓
2	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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530
07-26-01